		nation to identify your case:		
Deb	otor 1	Homer Wayne May  First Name Middle Name Last Name		
	otor 2 use if, filing)	First Name Middle Name Last Name		
` '		nkruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI		
		COUNTRY DISTINCT OF MISSISSIFT		
(if kno	se number <sub></sub>		☐ Ch	eck if this is an
			am	ended filing
		rm 106Sum		
		of Your Assets and Liabilities and Certain Statistical Information and accurate as possible. If two married people are filing together, both are equally responsible f	or supp	12/15 lying correct
infor	rmation. Fill	out all of your schedules first; then complete the information on this form. If you are filing amend ns, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Part	t 1: Summ	arize Your Assets		
				r assets ue of what you own
1.		/B: Property (Official Form 106A/B)	\$	81,000.00
		e 55, Total real estate, from Schedule A/B	· -	<u>·</u>
		e 62, Total personal property, from Schedule A/B	\$_	47,380.32
	1c. Copy line	e 63, Total of all property on Schedule A/B	\$_	128,380.32
Part	t 2: Summ	arize Your Liabilities		
				r liabilities
	0-11-1- 0	Out I'm Mile Have Oleine Ocean die Broom (Official Form 1998)	AIIIC	ount you owe
2.		: Creditors Who Have Claims Secured by Property (Official Form 106D) e total you listed in Column A, <i>Amount of claim,</i> at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$_	118,106.22
3.		/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	•	0.00
	3a. Copy th	e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	0.00
	3b. Copy th	e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	14,107.00
		Vous total linkilities	•	422 242 22
		Your total liabilities	Ф	132,213.22
Part	t 3: Summ	arize Your Income and Expenses		
4.		Your Income (Official Form 106I)	•	6 4 4 4 70
	Copy your c	ombined monthly income from line 12 of Schedule I	\$_	6,144.70
5.	Schedule J: Copy your m	Your Expenses (Official Form 106J) nonthly expenses from line 22c of Schedule J	\$_	4,176.00
Part	t 4: Answe	er These Questions for Administrative and Statistical Records		
6.	-	ng for bankruptcy under Chapters 7, 11, or 13? u have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other	schedules.
7.	Yes What kind o	of debt do you have?		
		<b>lebts are primarily consumer debts.</b> Consumer debts are those "incurred by an individual primarily for hold purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a perso	nal, family, or
		lebts are not primarily consumer debts. You have nothing to report on this part of the form. Check this urt with your other schedules.	s <i>box</i> an	d submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debte	or 1 Homer Wayne May	Case number (if known)	
	From the Statement of Your Current Monthly Income: Copy you 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line		\$8,173.20

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Tota	al claim
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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	ation to identify your			-			
Debtor 1	Homer Wayne M	<b>ay</b> Middle	Name	Last Name			
Debtor 2							
(Spouse, if filing)	First Name	Middle	Name	Last Name			
United States Banl	kruptcy Court for the:	SOUTHER	N DIST	RICT OF MISSISSIPPI			
Case number							☐ Check if this is a amended filing
	A/B: Prop		an asse	t only once. If an asset fits in more than one	category, list th	e asset in t	12/15
	ve any legal or equitab			I Estate You Own or Have an Interest In  dence, building, land, or similar property?			
1.1			Wha	t is the property? Check all that apply			
	land in Mendenha	II, MS		Single-family home	Do not deduct s	secured cla	ims or exemptions. Put
Street address, if	available, or other description	ו		Duplex or multi-unit building	the amount of a	t of any secured claims on Schedule D: Who Have Claims Secured by Property.	
				Manufactured or mobile home	Current value	of the	Current value of the
Mendenhal	I MS 39	114-0000		Land	entire property		portion you own?
City	State	ZIP Code		Investment property	\$80,0	00.00	\$80,000.0
							our ownership interest incy by the entireties, o
			Who	has an interest in the property? Check one	a life estate), i		incy by the entireties, o
				Debtor 1 only			
Simpson				Debtor 2 only			
County				Debtor 1 and Debtor 2 only	☐ Check if t	his is com	munity property
				At least one of the debtors and another	(see instruct		,
				er information you wish to add about this iter perty identification number:	n, such as local		
			43 a	acres of land			

Debt	or 1 <b>H</b>	omer Wayne May				Case number (if known)		
1.2	If you ov	wn or have more t	han one, list		in the preparty? Out that the			
1.2	308 Sol-Grubbs Rd			_	is the property? Check all that apply			
_		ss, if available, or other desc	rintion	_ ⊔	,			ims or exemptions. Put d claims on Schedule D:
	Officer address	ss, ii available, or other desc	приоп		Duplex or multi-unit building			ns Secured by Property.
					Condominium or cooperative			
					Manufactured or mobile home			
	Menden	hall MS	39114-0000	_	Land	Current value of entire property?	the	Current value of the portion you own?
_	City	State	ZIP Code	-	Investment property	\$1,00	0 00	\$1,000.00
	Oity	Oldic	Zii Gode		Timeshare	Ψ1,00	5.00	Ψ1,000.00
					Other Building		•	our ownership interest
				_		- 1164-4-1 16 1-		ancy by the entireties, or
				wno	has an interest in the property? Check	one a mo obtato), n n		
	Cimpoo	•		_	Debtor 1 only			
_	Simpson	<u> </u>		_ 📙	Debtor 2 only			
	County				Debtor 1 and Debtor 2 only		is com	munity property
					At least one of the debtors and another		s)	
					r information you wish to add about th	nis item, such as local		
				prop	erty identification number:			
someo 3. <b>Ca</b>	ou own, le one else o rs, vans,		vehicle, also rep	ort it on S	ny vehicles, whether they are reg Schedule G: Executory Contracts an orcycles		any ve	Phicles you own that
-	res							
3.1	Make:	Ford	,	Who has a	n interest in the property? Check one			aims or exemptions. Put
	Model:	F-350		■ Debtor				d claims on Schedule D: ns Secured by Property.
	Year:	2015		Debtor:	•			, , ,
		nate mileage:		_	1 and Debtor 2 only	Current value of entire property?		Current value of the portion you own?
	Other info				one of the debtors and another	ontino proporty i		portion you out
				→ At least	one of the debtors and another			
					if this is community property ructions)	\$18,31	5.00	\$18,315.00
3.2	Make:	John Deere		Who has a	n interest in the property? Check one	the amount of any	y secure	aims or exemptions. Put d claims on Schedule D:
	Model:	Tractor		Debtor	1 only	Creditors Who Ha	ave Clair	ns Secured by Property.
	Year:	1985		Debtor :	2 only	Current value of		Current value of the
	Approxim	nate mileage:		Debtor	1 and Debtor 2 only	entire property?		portion you own?
	Other info	ormation:		At least	one of the debtors and another			
					if this is community property ructions)	\$6,50	0.00	\$6,500.00

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Debto	or 1 <u>H</u>	lomer Wayne May	Ca	ase number (if known)	
3.3	Make: Model:	Ford F-150	Who has an interest in the property? Check one  Debtor 1 only	the amount of any secur	claims or exemptions. Put ed claims on Schedule D: nims Secured by Property.
	Year:	2003	Debtor 2 only		
		nate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		formation:	☐ At least one of the debtors and another	ontino proporty .	portion you own.
			At least one of the deptors and another		
			Check if this is community property (see instructions)	\$2,000.00	\$2,000.00
Exa	<i>mples:</i> B		ATVs and other recreational vehicles, other vehicles, and conal watercraft, fishing vessels, snowmobiles, motorcycle a		
4.1	res Make:	Polaris	Who has an interest in the property? Check one	D (11)	li Bi
•	Model:	Ranger	■ Debtor 1 only	the amount of any secur	claims or exemptions. Put ed claims on Schedule D: nims Secured by Property.
	Year:	2014	Debtor 2 only	Current value of the	Current value of the
			□ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	☐ At least one of the debtors and another		
			Check if this is community property (see instructions)	\$2,500.00	\$2,500.00
4.2	Make:	Aluminum	Who has an interest in the property? Check one		claims or exemptions. Put ed claims on Schedule D:
	Model:	Boat	Debtor 1 only		ims Secured by Property.
	Year:		☐ Debtor 2 only	Current value of the	Current value of the
			☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$2,000.00	\$2,000.00
4.3	Make:	Gooseneck	Who has an interest in the property? Check one		claims or exemptions. Put ed claims on Schedule D:
	Model:	Trailer	■ Debtor 1 only	Creditors Who Have Claims Secured by Prope	
	Year:	2015	☐ Debtor 2 only	Current value of the	Current value of the
			☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	☐ At least one of the debtors and another		
			Check if this is community property (see instructions)	\$7,500.00	\$7,500.00
			you own for all of your entries from Part 2, including an . Write that number here		\$38,815.00
art 3	_	be Your Personal and Hous			
			table interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	amples:	goods and furnishings Major appliances, furniture	e, linens, china, kitchenware		
		scribe			
_	. C3. De				
		Househo	ld Goods		\$750.0
		ilousello	iu 000u0		Ψ. 55.00

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Debtor 1	Homer Wayne May	Case number	er (if known)
□No	les: Televisions and radios; audio, video, stereo, an including cell phones, cameras, media players,		ers; music collections; electronic devices
■ Yes.	Describe		
	Electronics		\$200.00
Example ■ No	bles of value les: Antiques and figurines; paintings, prints, or othe other collections, memorabilia, collectibles  Describe	er artwork; books, pictures, or other art objects; s	stamp, coin, or baseball card collections;
Example No	tent for sports and hobbies  les: Sports, photographic, exercise, and other hobby musical instruments  Describe	y equipment; bicycles, pool tables, golf clubs, sk	is; canoes and kayaks; carpentry tools;
□ No	ms  oles: Pistols, rifles, shotguns, ammunition, and relat  Describe	ted equipment	
	Guns- no individual item w	worth many than \$200.00	\$500.00
□ No ■ Yes.	Describe  Clothing		\$200.00
	Clouring		
■ No □ Yes.	bles: Everyday jewelry, costume jewelry, engageme	ent rings, wedding rings, heirloom jewelry, watch	es, gems, gold, silver
Exam <sub>l</sub> ■ No	irm animals oles: Dogs, cats, birds, horses Describe		
■ No	ther personal and household items you did not a Give specific information	already list, including any health aids you did	not list
	the dollar value of all of your entries from Part 3 art 3. Write that number here		\$1,650.00
Part 4: De	escribe Your Financial Assets		
Do you ov	wn or have any legal or equitable interest in any	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. <b>Cash</b> <i>Exam</i> i	ples: Money you have in your wallet, in your home.	in a safe deposit box, and on hand when you file	e vour petition

Official Form 106A/B Schedule A/B: Property page 4

☐ No

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Debtor	1 Homer Wayı	ne May		Case number (if known)	
<b>■</b> ∨	/aa				
<b>■</b> Y	es				
				Cash	\$20.00
	<b>posits of money</b> camples: Checking, s	avings, or other financial acc	ounts: certificates of deposit: sl	hares in credit unions, brokerage house	es, and other similar
			s with the same institution, list of		
			Institution name.		
■ Y	'es		Institution name:		
		17.1. Checking	Priority One		\$5,200.00
18. <b>Bo</b> i	nds, mutual funds,	or publicly traded stocks			
Ex	<i>camples:</i> Bond funds,	, investment accounts with br	okerage firms, money market a	accounts	
ΠY	'es	Institution or issuer	name:		
	n-publicly traded st	ock and interests in incorp	orated and unincorporated b	ousinesses, including an interest in a	n LLC, partnership, and
ÍΝ					
ΠY	es. Give specific inf	ormation about them			
		Name of entity:		% of ownership:	
Ne	egotiable instruments	include personal checks, ca	otiable and non-negotiable in shiers' checks, promissory note ansfer to someone by signing o	es, and money orders.	
■ N	· ·	ionio die triose yeu darmet tr	and or to domedne by digining o	a delivering them.	
	es. Give specific info	ormation about them			
	·	Issuer name:			
			403(b), thrift savings accounts,	or other pension or profit-sharing plans	3
<b>■</b> Y	es. List each accour	nt separately.  Type of account:	Institution name:		
			401(k)		\$1,695.32
Yo		ed deposits you have made s	o that you may continue service public utilities (electric, gas, wa	e or use from a company ater), telecommunications companies,	or others
<b>I</b> N			1 22 2		
ШΥ	'es		Institution name or indi	viduai:	
23. <b>An</b> ı ■ N	,	or a periodic payment of mon	ey to you, either for life or for a	number of years)	
		suer name and description.			
26 l	J.S.C. §§ 530(b)(1),	on <b>IRA, in an account in a c</b> 529A(b), and 529(b)(1).	qualified ABLE program, or u	nder a qualified state tuition prograr	n.
■ N □ Y		stitution name and description	on. Separately file the records o	f any interests.11 U.S.C. § 521(c):	
25. <b>Tru</b>	ısts, equitable or fu	ture interests in property (	other than anything listed in l	line 1), and rights or powers exercis	able for your benefit
■ N □ Y		formation about them			
26. <b>Pat</b>	tents, copyrights, tr	rademarks, trade secrets, a	nd other intellectual property eds from royalties and licensing		
	, lo		out nom royanios and notifolity	, ag. 50110110	
ЦΥ	es. Give specific inf	formation about them			

Deb	tor 1	Homer Wayne May		(	Case number (if known)	
_	Examp	es, franchises, and other gene les: Building permits, exclusive li	ral intangibles censes, cooperative association hol	dings, liquor licens	ses, professional licenses	
	No Yes.	Give specific information about t	hem			
Mon	ey or p	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	T <b>ax ref</b> i No	unds owed to you				
	Yes. (	Give specific information about the	nem, including whether you already	filed the returns ar	nd the tax years	
			State Tax Refund			Unknown
			Federal Tax Refund			Unknown
			EIC			Unknown
30.	Other a Examp	Give specific information  mounts someone owes you les: Unpaid wages, disability insibenefits; unpaid loans you n  Give specific information	urance payments, disability benefits, nade to someone else	sick pay, vacation	n pay, workers' compensati	on, Social Security
		s in insurance policies les: Health, disability, or life insu	rance; health savings account (HSA	); credit, homeowr	ner's, or renter's insurance	
		Name the insurance company of Company		Beneficia	ry:	Surrender or refund value:
		Life Insu	rance - no cash value			Unknown
	If you a someoi No		ou from someone who has died t, expect proceeds from a life insura	nce policy, or are	currently entitled to receive	property because
	Examp No	les: Accidents, employment disp	or not you have filed a lawsuit or utes, insurance claims, or rights to s		for payment	
		Describe each claim  ontingent and unliquidated cla	aims of every nature, including co	unterclaims of th	e debtor and rights to set	off claims
	No	Describe each claim	•		-	

Schedule A/B: Property

Official Form 106A/B

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Debtor 1	Homer Wayne May		Case number (if known)	
35. Any fii	nancial assets you did not already list			
■ No	•			
☐ Yes.	Give specific information			
	the dollar value of all of your entries from Part 4, includin art 4. Write that number here			\$6,915.32
Part 5: De	escribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ate in Part 1.	
37. <b>Do you</b>	own or have any legal or equitable interest in any business-relate	ed property?		
No. G	o to Part 6.			
☐ Yes. (	Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. <b>Do yo</b> i	u own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
■ No.	. Go to Part 7.			
☐ Yes	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
	u have other property of any kind you did not already list ples: Season tickets, country club membership	?		
■ No				
☐ Yes.	Give specific information			
54. <b>Add</b>	the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. <b>Part</b>	1: Total real estate, line 2			\$81,000.00
56. <b>Part</b>	2: Total vehicles, line 5	\$38,815.00		
57. <b>Part</b>	3: Total personal and household items, line 15	\$1,650.00		
58. <b>Part</b>	4: Total financial assets, line 36	\$6,915.32		
59. <b>Part</b>	5: Total business-related property, line 45	\$0.00		
60. <b>Part</b>	6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>Part</b>	7: Total other property not listed, line 54 +	\$0.00		
62. Total	I personal property. Add lines 56 through 61	\$47,380.32	Copy personal property total	\$47,380.32
63. Total	of all property on Schedule A/B. Add line 55 + line 62			\$128,380.32

Fill in	this inform	ation to identify your case:				I
Debto	or 1	Homer Wayne May				
D - 1-1-	0	First Name	Middle Name	L	ast Name	
Debto (Spouse	or 2 e if, filing)	First Name	Middle Name	L	ast Name	
United	d States Ban	kruptcy Court for the: SOU	THERN DISTRICT OF	MISS	ISSIPPI	
Case (if know	number					☐ Check if this is an amended filing
∩ffi	cial For	m 106C				
		: C: The Prope	rty You Cla	im	as Exempt	4/19
the proned of the property of	pperty you lis d, fill out and umber (if kno ich item of p ic dollar am oplicable sta —may be ur otion to a pa	ted on Schedule A/B: Property attach to this page as many coown).  roperty you claim as exempt ount as exempt. Alternatively tutory limit. Some exemption ilimited in dollar amount. Horticular dollar amount and the	(Official Form 106A/B) popies of Part 2: Addition to you must specify the y, you may claim the form s—such as those for wever, if you claim an	as younal Pare amount of the a	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. If market value of the property be the aids, rights to receive certain be notion of 100% of fair market value.	additional pages, write your name and  One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement
		statutory amount. the Property You Claim as E	Exempt			
		exemptions are you claiming		n if vo	our spouse is filing with you.	
	_,	iming state and federal nonbar	-	-		
	_	iming federal exemptions. 11		0.0	5.0. 3 022(5)(0)	
		-		mnt	fill in the information below.	
Br	rief descriptio	n of the property and line on	Specific laws that allow exemption			
Sc	cneaule A/B ti	nat lists this property	portion you own Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
		-350 68000 miles	\$18,315.00		\$0.00	Miss. Code Ann. § 85-3-1(a)
Liı	ne from <i>Sch</i>	edule A/B: <b>3.1</b>			100% of fair market value, up to any applicable statutory limit	
	003 Ford F		\$2,000.00		\$2,000.00	Miss. Code Ann. § 85-3-1(a)
Liı	ne from <i>Sch</i>	edule A/B: <b>3.3</b>	· · · · · · · · · · · · · · · · · · ·		100% of fair market value, up to any applicable statutory limit	
	ousehold (		\$750.00		\$750.00	Miss. Code Ann. § 85-3-1(a)
Lir	ne from <i>Sch</i> e	edule A/B: <b>6.1</b>		_	100% of fair market value, up to any applicable statutory limit	
	lectronics		\$200.00		\$200.00	Miss. Code Ann. § 85-3-1(a)
Liı	ne from <i>Sch</i> e	edule A/B: <b>7.1</b>			100% of fair market value, up to any applicable statutory limit	
G	uns- no in	dividual item worth more	\$500.00		\$500.00	Miss. Code Ann. § 85-3-1(a)

than \$200.00

Line from Schedule A/B: 10.1

100% of fair market value, up to any applicable statutory limit

\$500.00

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Debtor 1 He	omer Wayne May			Case number (if known)	
	cription of the property and line on A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Clothin	g n Schedule A/B: <b>11.1</b>	\$200.00		\$200.00	Miss. Code Ann. § 85-3-1(a)
				100% of fair market value, up to any applicable statutory limit	
Cash	n Schedule A/B: <b>16.1</b>	\$20.00		\$20.00	Miss. Code Ann. § 85-3-1(a)
Line non	i Scriedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
401(k)	n Schedule A/B: <b>21.1</b>	\$1,695.32		\$1,695.32	Miss. Code Ann. § 85-3-1(e)
Line non	i Scriedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	
	ax Refund	Unknown		\$5,000.00	Miss. Code Ann. § 85-3-1(k)
Line non	i Scriedule A/B. 20.1			100% of fair market value, up to any applicable statutory limit	
	I Tax Refund	Unknown		\$5,000.00	Miss. Code Ann. § 85-3-1(j)
Line non	i Soriedule A.B. 20.2			100% of fair market value, up to any applicable statutory limit	
EIC	n Schedule A/B: <b>28.3</b>	Unknown		\$5,000.00	Miss. Code Ann. § 85-3-1(i)
Line Holli Schedule A.B. 20.3				100% of fair market value, up to any applicable statutory limit	
(Subject ■ No	claiming a homestead exemption to adjustment on 4/01/22 and every	3 years after that for ca	ases fi	,	,
	No	red by the exemption wi	1111111111	,213 days before you med this case	:
	Yes				

Fill in this inform	nation to identify you	ur case:			
Debtor 1	Homer Wayne I	Mav			
	First Name	Middle Name Last Name			
Debtor 2					
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bar	nkruptcy Court for the	SOUTHERN DISTRICT OF MISSISSIPPI			
Case number					
(if known)				☐ Check	if this is an
				amend	ded filing
Official Form	n 106D				
		Who Have Claims Secure	nd by Proport	<b>N</b> /	12/15
<u> 3Criedule</u>	D. Creditors	WIIO Have Claims Secure	su by Propert	<u>y</u>	12/15
		If two married people are filing together, both are out, number the entries, and attach it to this form.			
, ,	have claims secured b	y your property?			
☐ No. Check	this box and submit t	his form to the court with your other schedules.	You have nothing else t	o report on this form.	
	all of the information		<b>3</b>		
	Il Secured Claims	bolow.			
		and the second states the first the second states are second states as a second state of the second states are second states as a second state of the second states are second states as a second state of the second states are sec	Column A	Column B	Column C
for each claim. If m	ore than one creditor has	more than one secured claim, list the creditor separate s a particular claim, list the other creditors in Part 2. As		Value of collateral	Unsecured
much as possible, li	st the claims in alphabeti	ical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Ford Moto	or Credit	Describe the property that secures the claim:	\$31,660.00	\$18,315.00	\$13,345.00
Creditor's Name	9	2015 Ford F-350 68000 miles			
PO Box 54	42000	As of the date you file, the claim is: Check all that			
Omaha, N		apply.  ☐ Contingent			
	, City, State & Zip Code	☐ Unliquidated			
	•	☐ Disputed			
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or s	secured		
Debtor 2 only		car loan)			
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	he debtors and another	☐ Judgment lien from a lawsuit			
Check if this cle community de		Other (including a right to offset)			
	Opened				
Date debt was incu	•	Last 4 digits of account number			

Debtor 1 Homer Wayne May	Case	number (if known)		
First Name Middle N	lame Last Name			
O O Marinad A and	Book that the control of the control	<b>#0.005.00</b>	<b>*</b> 0 <b>5</b> 00 00	<b>\$705.00</b>
2.2 Marine1 Acpt Creditor's Name	Describe the property that secures the claim:	\$3,205.00	\$2,500.00	\$705.00
Creditor's Name	2014 Polaris Ranger			
5000 Quorum Drive	As of the date you file, the claim is: Check all that apply.			
Dallas, TX 75254	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt				
Opened				
Date debt was incurred 08/14	Last 4 digits of account number			
		<del></del>		
2.3 Priority One Bank	Describe the property that secures the claim:	\$39,565.05	\$80,000.00	\$0.00
Creditor's Name	43 acres of land in Mendenhall, MS	400,000.00	Ψου,σου.σο	ψο.σσ
	Mendenhall, MS 39114 Simpson			
	County			
	43 acres of land			
PO Box 186	As of the date you file, the claim is: Check all that apply.			
Mendenhall, MS 39114	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)  Non-Principal			
Date debt was incurred 10/2014	Last 4 digits of account number			
10/2014				
2.4 Puckett Machinery	Describe the property that secures the claim:	\$43,676.17	\$80,000.00	\$3,241.22
Creditor's Name	43 acres of land in Mendenhall, MS	Ψ-10,070.17	Ψου,ουο.ου	ΨΟ,Σ-1.22
	Mendenhall, MS 39114 Simpson			
	County			
	43 acres of land			
100 Caterpillar Dr.	As of the date you file, the claim is: Check all that			
Flowood, MS 39232	apply.  Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	— Salet (moldaling a right to onset)			·
Date dabt was incurred	Last 4 digits of account number			
Date debt was incurred	Last + uights of account number			

Official Form 106D

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Debto	or 1	Homer Wayne	е Мау		Case number (if kno	own)	
		First Name	Middle Name	Last Name			
Add	the	dollar value of you	ır entries in Column A on	this page. Write that number her	e: \$11	8,106.22	
		the last page of your transfer to the contract the contract t	our form, add the dollar v	alue totals from all pages.	\$11	8,106.22	
Part 2	2:	List Others to Be	e Notified for a Debt T	hat You Already Listed			
trying than c	to c	ollect from you for reditor for any of	a debt you owe to some	bout your bankruptcy for a debt to sone else, list the creditor in Part of in Part 1, list the additional credit	l, and then list the collecti	ion agency here. Similarly, if yo	u have more
		ne, Number, Street, an P. Doran	City, State & Zip Code		On which line in Part 1 did y	you enter the creditor? 2.4	
	P.C	elps Dunbar D. Box 16114 ckson, MS 392	36		Last 4 digits of account nun	nber	

Fill in	this inform	vation to identify your	00001				
FIII IN	this inform	ation to identify your	case:				
Debto	or 1	Homer Wayne Ma	Middle Na	me Last Name			
Debto	or 2	riist name	ivildale na	me Last Name			
	e if, filing)	First Name	Middle Na	me Last Name			
United	d States Bar	kruptcy Court for the:	SOUTHERN	DISTRICT OF MISSISSIPPI			
(if know	number <sub>n)</sub>						Check if this is an
							amended filing
Ott: -	:-! =	4005/5					
		106E/F	lla a Llavra	llu a a a coma d'Olaima			40/45
				Unsecured Claims litors with PRIORITY claims and	Port 2 for	oroditors with NONDRIODITY o	12/15
any exe Schedu Schedu left. Att	ecutory contr ile G: Execut ile D: Credito ach the Cont	acts or unexpired leases ory Contracts and Unexp ors Who Have Claims Sec	that could resu pired Leases (Off cured by Propert	t in a claim. Also list executory icial Form 106G). Do not include y. If more space is needed, copy o information to report in a Part,	contracts of any credit the Part ye	on Schedule A/B: Property (Off tors with partially secured clair ou need, fill it out, number the	icial Form 106A/B) and on ns that are listed in entries in the boxes on the
Part 1	List All	of Your PRIORITY Ur	nsecured Clain	าร			
	•	rs have priority unsecure	ed claims agains	t you?			
	No. Go to Pa	art 2.					
	Yes.						
Part 2	List All	of Your NONPRIORIT	TY Unsecured	Claims			
		rs have nonpriority unse					
	_		_	orm to the court with your other sch	edules		
		e nothing to report in this p	dart. Odbiriit tilis it	office the court with your other sor	iedules.		
-	Yes.						
un tha	secured claim	n, list the creditor separatel	ly for each claim.	abetical order of the creditor wh For each claim listed, identify what tors in Part 3.If you have more tha	type of clai	m it is. Do not list claims already	included in Part 1. If more
							Total claim
4.1	Ford Mo	tor Credit		Last 4 digits of account number			\$14,107.00
		Creditor's Name		MI	0	- 1 40/4 4	· · ·
	Pob 542 Omaha.	000 NE 68154		When was the debt incurred?	Opene	ed 10/14	
		reet City State Zip Code	<del></del>	As of the date you file, the claim	is: Check a	all that apply	
	Who incur	red the debt? Check one.					
	Debtor	1 only		☐ Contingent			
	Debtor 2	2 only		☐ Unliquidated			
	☐ Debtor	1 and Debtor 2 only		☐ Disputed			
	☐ At least	one of the debtors and an	otrici	Type of NONPRIORITY unsecure	ed claim:		
		if this claim is for a com	munity	Student loans			
	debt Is the clair	n subject to offset?		$\square$ Obligations arising out of a sep report as priority claims	aration agre	eement or divorce that you did no	t
	■ No	•		Debts to pension or profit-shari	ng plans, aı	nd other similar debts	
	☐ Yes			Other Specify			
				— Other. Specify			
Part 3	List Ot	hers to Be Notified Ab	oout a Debt Th	at You Already Listed			
is try have	ying to collect more than o	t from you for a debt you	u owe to someon e debts that you	your bankruptcy, for a debt that e else, list the original creditor i listed in Parts 1 or 2, list the add mit this page.	n Parts 1 o	r 2, then list the collection age	ncy here. Similarly, if you
Part 4	Add th	e Amounts for Each T	ype of Unsecu	red Claim			
6. Tota		s of certain types of unse	• •	his information is for statistical	reporting p	ourposes only. 28 U.S.C. §159.	Add the amounts for each
						Total Claim	
		6a. Domestic support	obligations		6a.	\$	
Official I	Form 106 E/F		Schedule E	F: Creditors Who Have Unsecur	ed Claims		Page 1 of

ebtor 1 Ho	omer W	ayne May	Case nu	umber (if kn	nown)
- 1 - 1					0.00
otal laims					
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
ns Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00
	6h.	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	14,107.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	14,107.00

Fill in this inform	nation to identify your	case:			
Debtor 1	Homer Wayne Ma	ıy			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case number					
(if known)					Check if this is an
				_	amended filing

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5					
-	Name				_
	Number	Street			
	City		State	ZIP Code	_

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					1
Fill in this inf	ormation to identify your	case:			
Debtor 1	Homer Wayne M				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case number (if known)					☐ Check if this is an amended filing
	Form 106H le H: Your Cod	lebtors			12/15
people are fili fill it out, and your name an	ng together, both are equ number the entries in the d case number (if known	ually responsible for suppe boxes on the left. Attach ). Answer every question.	olying correct informati the Additional Page to	on. If more space is to this page. On the to	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do you	I nave any codeptors? (If	you are filing a joint case, of	do not list either spouse	as a codebtor.	
□ No ■ Yes					
		u lived in a community pro			ty states and territories include )
■ No. Go		use, or legal equivalent live	with you at the time?		
in line 2 a	again as a codebtor only 5D), Schedule E/F (Officia	if that person is a guarant	tor or cosigner. Make s	ure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	umn 1: Your codebtor e, Number, Street, City, State and Z	'IP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
216	cy May 3 Holifield Dr. ndenhall, MS 39114			■ Schedule D, □ Schedule E/F □ Schedule G _ Priority One Ba	, line

							•				
	in this information t										
De	btor 1	Homer Wayı	те ічау			_					
	btor 2 buse, if filing)										
Un	ited States Bankrup	otcy Court for the	SOUTHERN DISTRIC	T OF MISSISSIPPI		_					
	se number								ent showin	g postpetition ollowing date:	
<u>O</u>	fficial Form	<u> 1061</u>					Ī	1M / DD/ Y	YYY		
S	chedule I:	Your Inco	ome								12/15
spo atta	ruse. If you are sep ich a separate she rt 1: Describ	parated and you et to this form. be Employment	are married and not filii r spouse is not filing wi On the top of any additi	ith you, do not inclu	ude infor	mati	on abou	t your spo umber (if k	use. If mo	ore space is	needed,
	information.							☐ Emplo		ing spouse	
	If you have more attach a separate information about	page with	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>				□ Not er	•		
	employers.		Occupation	Driller							
	Include part-time, self-employed wo		Employer's name	Helmerich & Pa	ayne						
	Occupation may i or homemaker, if		Employer's address	1437 S Boulder Tulsa, OK 7411							
			How long employed to	here? 10 moi	nths			_			
Pa	rt 2: Give De	tails About Mor	thly Income								
spo	use unless you are	separated.	ate you file this form. If						•		-
	e space, attach a s		ore than one employer, co this form.		on ioi aii t	ampi	oyers for	triat perso	ii on the iii	nes below. II	you need
							For Del	otor 1		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	8	,173.20	\$	N/A	
3.	Estimate and lis	t monthly overt	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	8,1	73.20	\$	N/A	

Debto	or 1	Homer Wayne May	-	(	Case n	umber ( <i>if kr</i>	nown)				
					For D	Debtor 1			r Debtor n-filing s		
	Cop	by line 4 here	4.		\$	8,173	3.20	\$	<b>J</b>	N/A	_
5.	l iei	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	1 551	04	Ф		N/A	
	5a.	Mandatory contributions for retirement plans	5b		\$	1,552	0.00	\$_ \$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$		3.46	\$-		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$		0.00	\$		N/A	_
	5e.	Insurance	5e	€.	\$		2.13	\$		N/A	<del>-</del>
	5f.	Domestic support obligations	5f		\$	(	0.00	\$		N/A	_
	5g.	Union dues	50	J.	\$	(	0.00	\$_		N/A	_
	5h.	Other deductions. Specify:	5h	1.+	\$	(	0.00	+ \$_		N/A	<u>.                                      </u>
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,028	3.50	\$_		N/A	<u>.                                    </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	6,144	.70	\$_		N/A	<u>.                                    </u>
	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	88	a.	\$	(	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$		0.00	\$		N/A	_
	8d.	Unemployment compensation	80		\$		0.00	\$		N/A	
	8e.	Social Security	86		\$		0.00	\$-		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f		\$	(	0.00	\$		N/A	_
	8g.	Pension or retirement income	80	-	\$		0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h _	1.+	\$		0.00	+ \$_		N/A	<u>-</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$	(	0.00	\$_		N/	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	6	,144.70	+ \$		N/A	= \$	6,144.70
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,					•
	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					,	Schedule	e <i>J.</i> +\$	0.00
		If the amount in the last column of line 10 to the amount in line 11. The respect that amount on the Summary of Schedules and Statistical Summary of Certainlies							e. 12.	\$	6,144.70
12	Da	you expect an increase or decrease within the year after you file this form	2							Combi month	ned ly income
13.		No.  Yes. Explain:	· f								

E::: :						
FIII IN	this information to identify your case:					
Debtor	Homer Wayne May				eck if this is:	
Debtor	. 2				An amended filing	ving postpetition chapter
	se, if filing)			ш	13 expenses as of	
United	States Bankruptcy Court for the: SOUTHE	RN DISTRICT OF MISSI	SSIPPI		MM / DD / YYYY	
0						
(If know	number wn)					
Offi	icial Form 106J					
Sch	nedule J: Your Expens	ses				12/1
Be as inform	s complete and accurate as possible. It mation. If more space is needed, attacler (if known). Answer every question.	f two married people are h another sheet to this t				
Part 1	Describe Your Household s this a joint case?					
_	No. Go to line 2.					
	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separat	e household?				
-	□ No					
	☐ Yes. Debtor 2 must file Official	Form 106J-2, Expenses	for Separate House	hold of De	btor 2.	
2. <b>[</b>	Do you have dependents? ☐ No					
		Fill out this information for	Damandant'a valati	anabin ta	Donondontio	Dago domandant
	YAS	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not otato the					□ No
	Do not state the dependents names.		Son		4	■ Yes
			-			□ No
			Daughter		7	Yes
						□ No
			Daughter		10	■ Yes
						□ No
3. <b>[</b>	Do your expenses include					☐ Yes
e	expenses of people other than yourself and your dependents?	lo ′es				
exper	Estimate Your Ongoing Monthly nate your expenses as of your bankrup nses as of a date after the bankruptcy cable date.	otcy filing date unless y				
the va	de expenses paid for with non-cash go alue of such assistance and have inclu				Your expe	onege
Offic	ial Form 106l.)				Tour exp	CIIJCJ
	The rental or home ownership expense payments and any rent for the ground or l		nclude first mortgage	4.	\$	450.00
ŀ	f not included in line 4:					
2	4a. Real estate taxes			4a.	\$	0.00
4	4b. Property, homeowner's, or renter's			4b.	·	0.00
	4c. Home maintenance, repair, and up			4c.	:	100.00
	<ol> <li>Homeowner's association or condo</li> <li>Additional mortgage payments for you</li> </ol>		me equity loans	4d. 5.	·	0.00 498.00

Debtor 1	Homer Wayne May	Case num	ber (if known)	
	ine:		_	
6. <b>Utiliti</b> 6a.	es: Electricity, heat, natural gas	6a.	\$	250.00
6b.	Water, sewer, garbage collection	6b.	·	30.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	:	300.00
6d.	Other. Specify:	6d.	*	0.00
	and housekeeping supplies	7.	\$	
	care and children's education costs	8.	\$	1,034.00
-		9.	\$	700.00
	ning, laundry, and dry cleaning		·	243.00
	onal care products and services	10.	\$	91.00
	cal and dental expenses	11.	\$	120.00
	sportation. Include gas, maintenance, bus or train fare.	12.	\$	250.00
	ot include car payments.  rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	
			·	60.00
	itable contributions and religious donations	14.	<b>&gt;</b>	0.00
5. <b>Insur</b>				
	ot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance	15a.	¢	0.00
	Health insurance	15a. 15b.	·	
			*	0.00
	Vehicle insurance	15c.	*	25.00
	Other insurance. Specify:	15d.	<b>5</b>	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.		•	
	fy: Car tags	16.	\$	25.00
	Ilment or lease payments:	170	<b>c</b>	0.00
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2	17b.	· -	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report a		¢	0.00
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I)	• 10.	·	
	r payments you make to support others who do not live with you.	40	\$	0.00
Speci	·	19.		
	r real property expenses not included in lines 4 or 5 of this form or on Sch			0.00
	Mortgages on other property	20a.	·	0.00
	Real estate taxes	20b.	·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
20e.	Homeowner's association or condominium dues	20e.		0.00
1. Other	r: Specify:	21.	+\$	0.00
	ulate your monthly expenses		œ.	4.470.00
	Add lines 4 through 21.		\$	4,176.00
22b. (	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	4,176.00
o Cala	ulate your menthly not income			
	ulate your monthly net income.	225	<b>c</b>	6 4 4 4 7 6
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	6,144.70
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,176.00
00-	Cubtract value monthly avanage from value and the in-			
23C.	Subtract your monthly expenses from your monthly income.	23c.	\$	1,968.70
	The result is your <i>monthly net income</i> .	200.	<del></del>	-,
4. Do v	ou expect an increase or decrease in your expenses within the year after y	ou file this	form?	
	cample, do you expect to finish paying for your car loan within the year or do you expect yo			or decrease because of a
	cation to the terms of your mortgage?	5 5 1	-	
■ No	).			
□ Ye				

Fill in this info	ormation to identify you	r case:			
Debtor 1	Homer Wayne M	av			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case number					
(if known)					☐ Check if this is an
					amended filing
	<u>rm 106Dec</u> Ition About a	an Individual	Debtor's Sch	nedules	12/15
		b-th	- 11.1. <b> </b>	-4 lo 6	
it two married	people are filing together	er, both are equally respon	isible for supplying corre	ct information.	
obtaining mon		file bankruptcy schedules in connection with a bank 1519, and 3571.			
Si	gn Below				
Did you p	pay or agree to pay som	eone who is NOT an attorr	ney to help you fill out bar	nkruptcy forms?	
■ No					
□ Yes.	Name of person			Attach Bankruptcy	/ Petition Preparer's Notice,
					Signature (Official Form 119)
	nalty of perjury, I declard	e that I have read the sumr	mary and schedules filed	with this declaration and	ı
, , , , , , , , , , , , , , , , , , ,			v		
	omer Wayne May		Cignoture of D	ahtar 2	
	er Wayne May ture of Debtor 1		Signature of Do	ediol 7	
Gigilai	tare or Dobtor 1				
Date	October 11, 2019		Date		

		ation to identify you				
De	ebtor 1	Homer Wayne M	Middle Name	Last Name		
1 -	ebtor 2	- Eine N	MILLE N			
``	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Banl	kruptcy Court for the:	SOUTHERN DISTRICT C	OF MISSISSIPPI		
	nse number				_	Check if this is an amended filing
St		of Financial	Affairs for Individ			4/19
info	ormation. If months in the mon	re space is needed, . Answer every que	attach a separate sheet to	this form. On the top of an	equally responsible for sup y additional pages, write yo	
1.		current marital statu		Lived Belole		
	■ Married □ Not marri		<b>.</b>			
2.	During the las	st 3 years, have you	lived anywhere other than	where you live now?		
	□ No ■ Yes. List	all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Price	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
	216 Holifiel Mendenhal	d Dr. I, MS 39114	From-To: <b>2014-2019</b>	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
<b>3.</b> stat	tes and territorie	s include Árizona, Ca		vada, New Mexico, Puerto R	ity property state or territor ico, Texas, Washington and V	2 (
Pa	rt 2 Explain	the Sources of You	r Income			
4.	Fill in the total	amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No					
	Yes. Fill i	n the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		f current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$70,857.07	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

De	pror 1 H	omer wayne way		Cas	se number (if known)		
			Debtor 1		Debtor 2		
			Sources of income	Gross income	Sources of inc	omo	Gross income
			Check all that apply.	(before deductions and	Check all that a		(before deductions
			11.7	exclusions)		,	and exclusions)
F۵	r last caler	ndar vear:	□ \\\	\$250,000.00	П.W		
		December 31, 2018)	☐ Wages, commissions, bonuses, tips	φ230,000.00	☐ Wages, combonuses, tips	missions,	
	-		_			husinasa	
			Operating a business		☐ Operating a	Dusiness	
Fo	r the calen	dar year before that:	☐ Wages, commissions,	\$350,000.00	☐ Wages, com	missions	
		December 31, 2017)	bonuses, tips	***************************************	bonuses, tips	THIOGIOTIO,	
			Operating a business		☐ Operating a	business	
			— Operating a business				
).			me during this year or the two ether that income is taxable. Exa			ort: Social Sc	ocurity unemployment
			s; pensions; rental income; inter				
	winnings.	If you are filing a joint c	ase and you have income that y	you received together, list it of	only once under De	ebtor 1.	
	List each	source and the gross in	come from each source separa	tely. Do not include income t	hat you listed in lir	ne 4.	
	_	•	·	•			
	■ No						
	☐ Yes.	Fill in the details.					
			Debtor 1		Debtor 2		
			Sources of income	Gross income from	Sources of inc		Gross income
			Describe below.	each source (before deductions and	Describe below	•	(before deductions and exclusions)
				exclusions)			
Pa	rt 3: Lis	t Certain Payments Yo	ou Made Before You Filed for	Rankruntov			
		· contain r dymonto re	a made Beleite i ea i med ier	<u> </u>			
<b>ò</b> .	_		2's debts primarily consume				
	□ No.		Debtor 2 has primarily consumates a personal, family, or househo		s are defined in 11	U.S.C. § 101	(8) as "incurred by an
		, ,	•				
			efore you filed for bankruptcy, di	d you pay any creditor a tota	al of \$6,825* or mo	re?	
		No. Go to line					
			v each creditor to whom you pai creditor. Do not include paymer				
		not includ	le payments to an attorney for t	his bankruptcy case.	•	• • •	•
		* Subject to adjustme	ent on 4/01/22 and every 3 year	s after that for cases filed on	or after the date of	f adjustment.	
	Yes.	Debtor 1 or Debtor 2	or both have primarily consu	ımer debts.			
		During the 90 days be	efore you filed for bankruptcy, di	d you pay any creditor a tota	al of \$600 or more?	)	
		□ No. Go to line	. 7				
		_	v each creditor to whom you pai	id a total of \$600 or more an	d the total amount	vou naid that	creditor. Do not
			ayments for domestic support o				
		attorney f	or this bankruptcy case.				
	Creditor	's Name and Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this p	ayment for
	Only ro	gular installment pa	nymente	\$0.00	\$0.00	□ Marter = =	
	Only re	yulai ilistallillelit pä	iyinciitə.	φυ.υυ	φυ.υυ	☐ Mortgag ☐ Car	e
						☐ Car☐ Credit C	ard
						Loan Re	
							s or vendors
						☐ Other	

Del	btor 1 Homer Wayne M	ay		Case	e number (if known)		
7.	Insiders include your relative of which you are an officer.	filed for bankruptcy, did you res; any general partners; relative director, person in control, or or a sole proprietor. 11 U.S.C. § 10	ves of any genera wner of 20% or m	al partners; partner nore of their voting	ships of which you securities; and an	u are a genera y managing ag	I partner; corporations gent, including one for
	■ No						
	☐ Yes. List all payments	to an insider.					
	Insider's Name and Add	ress Dates of p	ayment	Total amount paid	Amount you still owe	Reason for	this payment
8.	insider?	filed for bankruptcy, did you regularized or cosigned by an		ents or transfer a	ny property on ac	count of a de	bt that benefited an
	☐ Yes. List all payments	to an insider					
	Insider's Name and Add	ress Dates of p	payment	Total amount paid	Amount you still owe	Reason for t	this payment
Pai	rt 4: Identify Legal Action	ons, Repossessions, and Fore	closures	P			
9.		·					
	Case title Case number	Nature of	the case (	Court or agency		Status of the	e case
	Puckett Machinery	Collection	ns i	Rankin County		☐ Pending ☐ On appea ☐ Conclude	
10.	Within 1 year before you Check all that apply and fill  No. Go to line 11.  Yes. Fill in the information of the content of the	ation below.	of your property	y repossessed, fo	reclosed, garnis	hed, attached	Value of the
		Explain w	hat happened				property
	Ford Motor Credit Pob 542000 Omaha, NE 68154	2015 For  ■ Propert □ Propert □ Propert	d Explorer  y was repossess y was foreclosed y was garnished. y was attached, s	l.	7/201	9	\$12,000.00
	Puckett Machinery 100 Caterpillar Dr. Flowood, MS 39232	☐ Propert☐ Propert	y was repossess y was foreclosed y was garnished. y was attached, s	l.	10/20	19	\$5,000.00

Describe the Property	Date	Value of the
	Date	property
Explain what happened		
Wages	9/2019	\$725.66
☐ Property was repossessed.		
☐ Property was foreclosed.		
■ Property was garnished.		
☐ Property was attached, seized or levied.		
	inancial institution, set off any amo	unts from your
Describe the action the creditor took	Date action was taken	Amount
ons		
cruptcy, did you give any gifts with a total value	e of more than \$600 per person?	
Describe the gifts	Dates you gave the gifts	Value
d		
rruptcy, did you give any gifts or contributions	with a total value of more than \$60	0 to any charity?
rruptcy, did you give any gifts or contributions	with a total value of more than \$60	0 to any charity?
cruptcy, did you give any gifts or contributions contribution.	with a total value of more than \$60	0 to any charity?
	with a total value of more than \$60  Dates you contributed	, ,
contribution.  total Describe what you contributed	Dates you	
contribution.  total Describe what you contributed	Dates you contributed	Value
contribution.  total Describe what you contributed  ode)	Dates you contributed	Value
contribution.  total Describe what you contributed  de)  ruptcy or since you filed for bankruptcy, did yo	Dates you contributed  u lose anything because of theft, fi	Value re, other disaster
contribution.  total Describe what you contributed  ode)	Dates you contributed  u lose anything because of theft, files	Value
	Wages  ☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied.  kruptcy, did any creditor, including a bank or f because you owed a debt?  Describe the action the creditor took  cuptcy, was any of your property in the possessor another official?	Explain what happened  Wages 9/2019  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized or levied.  kruptcy, did any creditor, including a bank or financial institution, set off any amo because you owed a debt?  Describe the action the creditor took  Date action was taken  ruptcy, was any of your property in the possession of an assignee for the benefit or another official?  cruptcy, did you give any gifts with a total value of more than \$600 per person?  Dates you gave the gifts

Debtor 1 Homer Wayne May Case number (if known)

Par	17: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prepared any attorneys, bankruptcy petition prepared to the consultation of the co	paring a bankruptcy pet	tition?			erty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and values transferred	alue of any proper	rty	Date payment or transfer was made	Amount o paymen
	The Rollins Law Firm, PLLC 774 Avery Blvd. N Suite D Ridgeland, MS 39157 Brother	Filing fee, credi report	t counseling, an	d credit	10/11/2019	\$2,000.00
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you	rs or to make payments			r transfer any propo	erty to anyone who
	No					
	Yes. Fill in the details.				_	
	Person Who Was Paid Address	Description and vertical transferred	alue of any proper	rty	Date payment or transfer was made	Amount o paymen
18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers ma include gifts and transfers that you have already	usiness or financial affa ide as security (such as t	airs? the granting of a sec			
	No					
	Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and very property transfer			iny property or received or debts change	Date transfer was made
	Person's relationship to you			•		
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		y property to a sel	f-settled tru	st or similar device	of which you are a
	Name of trust	Description and v	alue of the proper	ty transferre	ed	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Ins	truments, Safe Deposi	t Boxes, and Stora	ge Units		
20.	Within 1 year before you filed for bankruptcy	,, were any financial ac	counts or instrum	ents held in	your name, or for y	our benefit, closed,
	sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc ☐ No			deposit; sh	ares in banks, cred	it unions, brokerage
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clo mo	te account was sed, sold, ved, or asferred	Last balance before closing o transfe

Deb	tor 1 Homer Wayne May			Case number (if	known)	
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	close	account was ed, sold, ed, or sferred	Last balance before closing or transfer
	Priority One Bank PO Box 186 Mendenhall, MS 39114	XXXX-	■ Checking □ Savings □ Money Mark □ Brokerage □ Other	<b>9/20</b> ket	19	\$0.00
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed	for bankruptcy, an	y safe deposit k	oox or other deposite	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Numbe State and ZIP Code	er, Street, City,	Describe the co	ontents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than yo	our home within 1 y	year before you	filed for bankruptcy	?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has of to it? Address (Number State and ZIP Code)	er, Street, City,	Describe the co	ontents	Do you still have it?
Par	9: Identify Property You Hold or Control	for Someone Else				
	Do you hold or control any property that so for someone.	omeone else owns? Ir	nclude any property	y you borrowed	from, are storing fo	r, or hold in trust
	■ No					
	Yes. Fill in the details.		_			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the p (Number, Street, Cit Code)		Describe the pr	operty	Value
Par	10: Give Details About Environmental Inf	ormation				
For	he purpose of Part 10, the following definiti	ons apply:				
	Environmental law means any federal, state toxic substances, wastes, or material into t regulations controlling the cleanup of these	he air, land, soil, surf	ace water, ground			
	Site means any location, facility, or propert to own, operate, or utilize it, including dispe	•	ny environmental la	aw, whether you	ı now own, operate,	or utilize it or used
	Hazardous material means anything an env hazardous material, pollutant, contaminant		es as a hazardous	waste, hazardo	us substance, toxic	substance,
Rep	ort all notices, releases, and proceedings th	at you know about, re	egardless of when	they occurred.		
24.	Has any governmental unit notified you tha	t you may be liable o	r potentially liable (	under or in viola	ation of an environm	ental law?
	■ No					
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental Address (Number ZIP Code)	unit er, Street, City, State and	Environmer know it	ntal law, if you	Date of notice

Case number (if known)

25.	Have you r	notified any governmental unit of	any release of hazardous material?				
	■ No						
	☐ Yes. F	fill in the details.					
	Name of s Address (	ite Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environme know it	ntal law, if you	Date of notice
26.	Have you b	peen a party in any judicial or adn	ninistrative proceeding under any envir	ronm	ental law?	Include settlements a	nd orders.
	<b>-</b>						
	■ No □ Yes. F	ill in the details.					
	Case Title		Court or agency	Natu	ire of the c	case	Status of the
	Case Num	nber	Name Address (Number, Street, City, State and ZIP Code)				case
Par	t 11: Give	Details About Your Business or	Connections to Any Business				
27.	Within 4 ye	ears before you filed for bankrupt	cy, did you own a business or have an	y of t	he followii	ng connections to any	business?
	☐ A s	sole proprietor or self-employed i	n a trade, profession, or other activity,	eithe	r full-time	or part-time	
	■ A r	nember of a limited liability comp	any (LLC) or limited liability partnershi	ip (LL	-P)		
	ПАр	partner in a partnership					
	☐ An	officer, director, or managing ex	ecutive of a corporation				
	☐ An	owner of at least 5% of the voting	g or equity securities of a corporation				
	□ No. No	one of the above applies. Go to F	Part 12.				
	Yes. C	Check all that apply above and fill	in the details below for each business	i_			
	Business	Name	Describe the nature of the business			Identification number	
	Address (Number, Stre	eet, City, State and ZIP Code)	Name of accountant or bookkeeper			clude Social Security i	number or IIIN.
	May Can	tractors LLC	Dump truck service		Dates bus	siness existed	
	PO Box 4		Dump truck service			Will supplement	
	Mendenh	nall, MS 39114			From-To	2016-2018	
28.		ears before you filed for bankrupt s, creditors, or other parties.	cy, did you give a financial statement to	o any	one abou	t your business? Inclu	de all financial
	■ No						
	_	fill in the details below.					
	Name Address		Date Issued				
		eet, City, State and ZIP Code)					
Par	t 12: Sign	Below					
are t	rue and co a bankrupt	rrect. I understand that making a	nancial Affairs and any attachments, an false statement, concealing property, c \$250,000, or imprisonment for up to 20	or ob	taining mo	oney or property by fra	
/s/	Homer Wa	ayne May					
	mer Wayn nature of D	•	Signature of Debtor 2				
Dat	e Octobe	er 11, 2019	Date				
Did :		additional pages to Your Stateme	ent of Financial Affairs for Individuals F	iling	for Bankrı	uptcy (Official Form 10	7)?

Debtor 1 Homer Wayne May

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Debtor 1	Homer Wayne May	Case number (if known)
☐ Yes		
Did you pa	y or agree to pay someone who is not an attorney to help you fill out ba	nkruptcy forms?
■ No		
☐ Yes. Na	me of Person Attach the Bankruptcy Petition Preparer's Notice, Decl	aration, and Signature (Official Form 119).

Fill in this inforn	mation to identify your case:	
Debtor 1	Homer Wayne May	
Debtor 2 (Spouse, if filing)		
United States B	Sankruptcy Court for the: Southern District of	Mississippi
Case number (if known)		

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
<ul><li>1. Disposable income is not determined under</li><li>11 U.S.C. § 1325(b)(3).</li></ul>
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
☐ 3. The commitment period is 3 years.
4. The commitment period is 5 years.
☐ Check if this is an amended filing

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1		Column A Debtor 1		Column B Debtor 2 or non-filing spouse			
Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and co	ommissio	ons (before all	\$	8,173.20	\$	0.00
<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	payme	ents from	a spouse if	\$	0.00	\$	0.00
All amounts from any source which are regularly pa of you or your dependents, including child support, from an unmarried partner, members of your household and roommates. Do not include payments from a spous you listed on line 3.	. Includ d, your	de regula: depende	contributions nts, parents,	\$	0.00	\$	0.00
Net income from operating a business, profession, or farm	Debtor	r 1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from a business, profession, or far	m \$ _	0.00	Copy here ->	\$	0.00	\$	0.00
Net income from rental and other real property	Debtor	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	<b>-</b> \$ _	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Case number (if known)

					umn A otor 1		Column B Debtor 2 c		
7.	Interest, dividends, and royalties			\$		0.00	\$	0.00	
	Unemployment compensation			\$	(	0.00	\$	0.00	
	Do not enter the amount if you contend that the Social Security Act. Instead, list it here:	the amount received was a ber	nefit unde	r					
	For you	\$	0.00						
	For your spouse	\$	0.00						
	Pension or retirement income. Do not include herefit under the Social Security Act. Also, a not include any compensation, pension, pay United States Government in connection wit disability, or death of a member of the unifor pay paid under chapter 61 of title 10, then in does not exceed the amount of retired pay to if retired under any provision of title 10 other	except as stated in the next sen f, annuity, or allowance paid by th a disability, combat-related in med services. If you received a aclude that pay only to the exter to which you would otherwise be	itence, do the ijury or any retired at that it			0.00	\$	0.00	
	Income from all other sources not listed and Do not include any benefits received under received as a victim of a war crime, a crime domestic terrorism; or compensation, pensic United States Government in connection with disability, or death of a member of the unifor sources on a separate page and put the total	the Social Security Act; paymer against humanity, or internation on, pay, annuity, or allowance p th a disability, combat-related in med services. If necessary, list	nts nal or aid by the ijury or	\$		0.00	\$	0.00	
	-			\$		0.00	\$	0.00	
	Total amounts from separate pages	s if any	—	· —		0.00	\$	0.00	
	, , ,	•	-	Ψ_		0.00	Ψ		
11. Part	Calculate your total average monthly ince each column. Then add the total for Column 2: Determine How to Measure Your D	A to the total for Column B.	\$	8,173	3.20 +	\$_	0.00		8,173.20 tal average onthly income
12. 13.	Copy your total average monthly income Calculate the marital adjustment. Check of	from line 11.						\$	8,173.20
	☐ You are not married. Fill in 0 below.								
	☐ You are married and your spouse is fill	ng with you. Fill in 0 below.							
	You are married and your spouse is no	t filing with you.							
	Fill in the amount of the income listed in dependents, such as payment of the sp	n line 11, Column B, that was N							
	Below, specify the basis for excluding t adjustments on a separate page.		ncome de	evoted	to each pu	ırpose	e. If necessary	, list addi	tional
	If this adjustment does not apply, enter	0 below.	•						
			_						
			— ː —						
			_ <del> *</del> =			_			
	Total		\$_		0.00	Co	opy here=>		0.00
14.	Your current monthly income. Subtract	line 13 from line 12.						\$	8,173.20
15.	Calculate your current monthly income 15a. Copy line 14 here=>							\$	8,173.20

**Homer Wayne May** 

Debtor 1

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Debtor 1	Homer Wayne May	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).	<u>x 1</u>	2
15	b. The result is your current monthly income for the year for this pa	* of the form	98,078.40

Debt	or 1	Homer Wayne May		Case number (if known)	
16	. Cal	culate the median family income that applies to y	ou. Follow these ste	ps:	
	16a	. Fill in the state in which you live.	MS		
	16h	. Fill in the number of people in your household.	5		
		Fill in the median family income for your state and	:f bb-1-l		¢ 75,729.00
		To find a list of applicable median income amounts instructions for this form. This list may also be available.	, go online using the		φ
17	. Hov	v do the lines compare?			
	17a	Line 15b is less than or equal to line 16c. C  11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
	17b	Line 15b is more than line 16c. On the top of 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> u your current monthly income from line 14 al	lation of Your Disp		
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Cop	y your total average monthly income from line 1	1		\$8,173.20
19.	con	luct the marital adjustment if it applies. If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13.	married, your spous 1 U.S.C. § 1325(b)(4	e is not filing with you, and you ) allows you to deduct part of your	
	19a	. If the marital adjustment does not apply, fill in 0 on	line 19a.		-\$0.00
	19b	. Subtract line 19a from line 18.			\$8,173.20
20.	Cal	culate your current monthly income for the year.	Follow these steps:		
	20a	. Copy line 19b			\$8,173.20
		Multiply by 12 (the number of months in a year).			x 12
	20b	. The result is your current monthly income for the ye	ear for this part of the	form	\$ 98,078.40
	20c	Copy the median family income for your state and	size of household fro	m line 16c	\$75,729.00_
	21.	How do the lines compare?			
		☐ Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the co	urt, on the top of page 1 of this form, chec	k box 3, The commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise order	ed by the court, on the top of page 1 of thi	is form, check box 4, The
Par	t 4:	Sign Below			
	Bys	signing here, under penalty of perjury I declare that t	ne information on thi	s statement and in any attachments is true	e and correct.
)	<b>(</b> /s/	Homer Wayne May			
		omer Wayne May	<del></del>		
		gnature of Debtor 1  • October 11, 2019			
		MM / DD / YYYY			
	If yo	ou checked 17a, do NOT fill out or file Form 122C-2.			
	If yo	ou checked 17b, fill out Form 122C-2 and file it with t	his form. On line 39	of that form, copy your current monthly inc	come from line 14 above.

Debtor 1 Homer Wayne May Case number (if known)	
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## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 04/01/2019 to 09/30/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

6 Months Ago:	04/2019	\$9,491.61
5 Months Ago:	05/2019	\$7,694.53
4 Months Ago:	06/2019	\$7,845.43
3 Months Ago:	07/2019	\$8,146.31
2 Months Ago:	08/2019	\$8,059.41
Last Month:	09/2019	\$7,801.90
	Average per month:	\$8,173.20

Fill in	this information to identify your case:			
Debto	Homer Wayne May	_		
Debto	r 2 se, if filing)	-		
United	States Bankruptcy Court for the: Southern District of Mississippi	-		
Case i	number wn)	☐ Check if	f this is an amended filing	g
	<u>Prorm 122C-2</u> Spter 13 Calculation of Your Disposable	Income		04/19
	out this form, you will need your completed copy of <i>Chapter 13 State</i> itment Period (Official Form 122C-1).	ment of Your Current Monthly In	ncome and Calculation of	
расе	complete and accurate as possible. If two married people are filing to is needed, attach a separate sheet to this form, Include the line numbonal pages, write your name and case number (if known).			
Part 1	Calculate Your Deductions from Your Income			
the info	Internal Revenue Service (IRS) issues National and Local Standards questions in lines 6-15. To find the IRS standards, go online using the primation may also be available at the bankruptcy clerk's office.  Standards the expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the standards. Do not include any operating the standards of the standards.	e link specified in the separate in the separa	instructions for this form.  you will use some of your ac	<b>This</b>
122	C-1, and do not deduct any amounts that you subtracted from your spous	e's income in line 13 of Form 1220	C–1.	
•	our expenses differ from month to month, enter the average expense.			
Not	e: Line numbers 1-4 are not used in this form. These numbers apply to info	, ,	used in chapter 7 cases.	
5.	The number of people used in determining your deductions from in Fill in the number of people who could be claimed as exemptions on you plus the number of any additional dependents whom you support. This n the number of people in your household.	r federal income tax return,	5	
Nat	ional Standards You must use the IRS National Standards to an	nswer the questions in lines 6-7.		
6.	<b>Food, clothing, and other items:</b> Using the number of people you ente Standards, fill in the dollar amount for food, clothing, and other items.	red in line 5 and the IRS National	\$ <b>2</b> ,:	206.00
7.	<b>Out-of-pocket health care allowance:</b> Using the number of people you the dollar amount for out-of-pocket health care. The number of people is people who are 65 or olderbecause older people have a higher IRS allohigher than this IRS amount, you may deduct the additional amount on li	split into two categoriespeople wowance for health car costs. If your	ho are under 65 and	

Official Form 122C-2

Case number (if known)

Peo	ple v	who are under 65 years of age		
	7a.	Out-of-pocket health care allowance per person	\$ 55	
		Number of people who are under 65	× 5	
		Subtotal. Multiply line 7a by line 7b.	\$ 275.00	Copy here=> \$ 275.00
	70.	Custotal Maniply line 72 by line 75.	Ψ <u>273.00</u>	273.00
Peo	ple v	vho are 65 years of age or older		
	7d.	Out-of-pocket health care allowance per person	\$114_	
	7e.	Number of people who are 65 or older	X0	
	7f.	Subtotal. Multiply line 7d by line 7e.	\$0.00_	Copy here=> \$ 0.00
	7g.	<b>Total.</b> Add line 7c and line 7f	\$	275.00 Copy total here=> \$275.00
Loc	al St	andards You must use the IRS Local Standards t	o answer the questions in I	lines 8-15.
		n information from the IRS, the U.S. Trustee Protectly purposes into two parts:	gram has divided the IRS	Local Standard for housing for
_		ing and utilities - Insurance and operating expen	ises	
<b>=</b> 1	Housi	ing and utilities - Mortgage or rent expenses		
		er the questions in lines 8-9, use the U.S. Truste instructions for this form. This chart may also k		the chart, go online using the link specified in the
8.	Ηου	using and utilities - Insurance and operating expose dollar amount listed for your county for insurance	enses: Using the number of	
9.	Hou	sing and utilities - Mortgage or rent expenses:		
	9a.	Using the number of people you entered in line 5,		
		listed for your county for mortgage or rent expense		\$813.00
	9b.	listed for your county for mortgage or rent expense Total average monthly payment for all mortgages a	es. and other debts secured by	
	9b.	listed for your county for mortgage or rent expense	es. and other debts secured by dd all amounts that are	
	9b.	listed for your county for mortgage or rent expenses  Total average monthly payment for all mortgages at  To calculate the total average monthly payment, accontractually due to each secured creditor in the 60	es. and other debts secured by dd all amounts that are	
	9b.	listed for your county for mortgage or rent expense.  Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 6th for bankruptcy. Next divide by 60.	es.  and other debts secured by dd all amounts that are 0 months after you file  Average monthly	
	9b.	Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.  Name of the creditor	Average monthly payment	your home.  Copy  Repeat this amount
		Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 6t for bankruptcy. Next divide by 60.  Name of the creditor  -NONE-	Average monthly payment	copy Repeat this amount
		Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 6th for bankruptcy. Next divide by 60.  Name of the creditor  -NONE-	and other debts secured by dd all amounts that are 0 months after you file  Average monthly payment  \$ 0.00  Tom line 9a (mortgage)	copy Repeat this amount
10.	9c.	Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 6th for bankruptcy. Next divide by 60.  Name of the creditor  -NONE-  9b. Total average monthly payment Net mortgage or rent expense.  Subtract line 9b (total average monthly payment) for	Average monthly payment  \$ 0.00  Tom line 9a (mortgage ter \$0.)	Copy here=> -\$ 0.00 Repeat this amount on line 33a.  \$ 813.00 Copy here=> \$ 813.00 rd for housing is incorrect and 0.00

**Homer Wayne May** 

Debtor 1

Case number (if known)

11.	Local transportation expenses: Check the number of vehic	cles for which you claim a	an ownership or	operating	expense.	
	☐ 0. Go to line 14.					
	■ 1. Go to line 12.					
	☐ 2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for					210.00
13.	<b>Vehicle ownership or lease expense:</b> Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.					
Ve	hicle 1 Describe Vehicle 1: 2015 Ford F-350 68000	miles				
13a	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13b	. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	-NONE-	\$				
	Total Average Monthly Payment	\$0.00_	Copy here => -\$	0	Repeat this amount on line 33b.	
13c	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if the numbert is less than \$0	, enter \$0	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2 Describe Vehicle 2:					
	. Ownership or leasing costs using IRS Local Standard			0.00		
136	. Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for	ſ			
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total average monthly payment	\$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0,	, enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v				the \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap				0.00

**Homer Wayne May** 

Debtor 1

Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.	Debtor 1	Homer Wayne May				Case number (if known)		
self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estite, sales, or use taxes.  Do not include amounts that are not required by your job, such as voluntary 401 (k) contributions or payroll savings.  Do not include amounts that are not required by your job, such as voluntary 401 (k) contributions or payroll savings.  Elife insurance: The total monthly premiums that you pay for your own term life insurance. If two married peoples are filling together, include payments that you make for your spouse's term life insurance. If two married peoples are filling together, include payments that you make for your spouse's term life insurance. If two married peoples are filling together, include payments that you make for your spouse's term life insurance. Or for any form of the insurance or the than term.  Do not include permits for the insurance or your dependents, for a non-filing spouse's life insurance, or for any form of the insurance or the fill support. You will list these obligations in line 35.  Do not include payments for bast due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments for past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments for mentally challenged dependent child if no public education is available for similar services.  Elife filter in the pay of the include payments or pay elementary or secondary school oducation.  And into your physically or mentally challenged dependent child if no public education is available for similar services.  Solutions are expenses, and present and welfare or your your dependents or for the production of income, lif is not reimbursed or health savings accounts	Othe	er Necessary Expenses			ns listed above	you are allowed your monthly expenses	s for	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your cwn term life insurance. If two married people are fling together, include payments that you make for your spouse's term life insurance. If two married people are fling together, include payments that you after that you pay for your cwn term life insurance. If two married people are fling together, include payments that you after that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for child care, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health sawings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional slephone and telephone services: The total monthly amount that you pay for helacmunication services for you and your dependents, such as passer sported on line 5 of Official Form 122-C1-7, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances lis		self-employment taxes, so your pay for these taxes. and subtract that number	ocial security taxes, and Med However, if you expect to red from the total monthly amou	licare taxe ceive a tax	es. You may inc c refund, you m	lude the monthly amount withheld from ust divide the expected refund by 12	¢	1 552 01
Do not include amounts that are not required by your job, such as voluntary 40 (k) contributions or payroll savings.  10. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  Do not include payments. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  ■ as a condition for your job, or  ■ for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  S 0.00  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursace or paid by a health savings accounts. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for your and your dependents such as appears, call waiting, called iriedtification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents of		Do not include real estate	e, sales, or use taxes.				\$	1,552.91
Section includes that all this required by plots about a voluntary broft, port and the provided of the provided by the provided permitted permitted by the provided permitted permitte	17.	contributions, union dues,	, and uniform costs.			•	\$	0.00
filing together, include payments that you make for your spouse's term life insurance. Or for any form of life insurance to fire insurance or pour dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  1. Court-ordered payments. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  2. De not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  2. Education: The total monthly amount that you pay for education that is either required:  2. Childcare: The total monthly amount that you pay for check that is entire that the secondary school education is available for similar services.  2. Childcare: The total monthly amount that you pay for childcare, such as babystiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  2. Payments for health insurance or health savings accounts should be listed only in line 25.  2. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as base reported on line 6 of Official Form 122C-1, or any amount you previously deducted.  2. Additional for the expenses allowed under the IRS expense allowances.  2. Additional Expense Deductions  2. These are additional deductions allowed by the Means Test.  2. More: Do not include any expense allowances listed in lines 6-24.  2. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and hea			. ,, ,	•	,	( )	Ψ	
agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments of any elementary or secondary school education is available for similar services.  Childeare: The total monthly amount that you pay for childeare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  Additional leath care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  Do potional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call wainting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basis home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  **So,799.91**  Additional Expense Deductions**  These are additional deductions allowed by the Means Test.  **Note: Do not include any expense allowances.*  **So,799.91**  **Additional Expense Deductions**  These are additional deductions allowed by the Means Test.  **So,799.91**  **So,799.91**  **S		filing together, include pay Do not include premiums	yments that you make for you for life insurance on your de	ur spouse	's term life insu	rance.	\$	0.00
But the indicate payments of the payments of	19.			that you p	ay as required	by the order of a court or administrative		
■ as a condition for your job, or ■ Tor your physically or mentally challenged dependent child if no public education is available for similar services.  1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  2. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  2. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  2. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  2. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 312.13		Do not include payments	on past due obligations for s	pousal or	child support. \	You will list these obligations in line 35.	\$	0.00
■ for your physically or mentally challenged dependent child if no public education is available for similar services.  \$ 0.00  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  Childcare: The total monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  Chylional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4 Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses.	20.	Education: The total mor	nthly amount that you pay for	education	n that is either	equired:		
21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include payments for basic home telephone, internet and cell phone service. Do not include payments for basic home telephone, internet and cell phone service. Do not include payments for basic home telephone, internet and cell phone service. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  26. Health insurance.  S 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  S 0.000  Total  S 312.13  Copy total here > \$ 312.13  Copy total here > \$ 312.13		as a condition for your	job, or					
Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  **Yes**  **Southwelf of the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.		for your physically or n	nentally challenged depende	nt child if	no public educ	ation is available for similar services.	\$	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 312.13  Disability insurance  \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Pyes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  26. Continued to pay for the	21.					itting, daycare, nursery, and preschool.	\$	0.00
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  **Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  **Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  **Addlitional Expense Deductions**  These are additional deductions allowed by the Means Test.  **Note: Do not include any expenses allowances listed in lines 6-24.  **25. **Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  **\$\$ 312.13\$  Disability insurance  **\$\$ 312.13\$  Do you actually spend this total amount?  No. How much do you actually spend?  **\$\$\$ \$  **\$  **\$  ***  ***  ***  ***		that is required for the hea by a health savings accou	alth and welfare of you or you unt. Include only the amount	ur depend that is mo	lents and that is re than the tota	s not reimbursed by insurance or paid Il entered in line 7.	\$	0.00
Additional Expense Deductions These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 312.13  Disability insurance \$ 0.00  Health savings account  \$ 312.13  Copy total here=> \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		for you and your depende phone service, to the exte income, if it is not reimbur Do not include payments expenses, such as those	ents, such as pagers, call wai ent necessary for your health rsed by your employer. for basic home telephone, in reported on line 5 of Official	ting, calle and welfa ternet and Form 122	r identification, are or that of you dicell phone se C-1, or any am	special long distance, or business cell ur dependents or for the production of vice. Do not include self-employment		
Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 312.13  Disability insurance  \$ 0.00  Health savings account  \$ 312.13  Copy total here=> \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ \$  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	24.		allowed under the IRS exp	ense allo	wances.		<b> </b> •—	3,7 33.31
25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 312.13  Disability insurance  \$ 0.00  Health savings account  \$ 312.13  Copy total here=>  \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	ام ۸	-	one There are additional	al a al at: a		a Manas Tant		
25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 312.13  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 312.13 Copy total here=> \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	Add	monai Expense Deductio			•			
Health insurance \$ 312.13  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 312.13 Copy total here=> \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		insurance, disability insura	ility insurance, and health	savings a	account expen	ses. The monthly expenses for health	r	
Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 312.13 Copy total here=> \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		•		\$	312.13			
Health savings account  + \$ 0.00  Total \$ 312.13 Copy total here=> \$ 312.13  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$		Disability insurance						
Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health savings account		+ \$				
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Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		_ ' ' '				_		
continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		_		\$				
safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		continue to pay for the rea your household or member	asonable and necessary care er of your immediate family w	and sup ho is una	port of an elder ble to pay for s	ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
By law, the court must keep the nature of these expenses confidential. \$ 0.00	27.							
		By law, the court must kee	ep the nature of these expen	ses confid	dential.		\$_	0.00

btor 1	Homer Wayne May	Case number (if known)			
28.	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and operating expenses or	n		
	If you believe that you have home energy of 8, then fill in the excess amount of home er	costs that are more than the home energy costs included in expenses on I nergy costs.	ine		
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the additional ary.		\$	0.00
29.	Education expenses for dependent child \$170.83* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private of	or		
	You must give your case trustee document claimed is reasonable and necessary and r	ration of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.			
	* Subject to adjustment on 4/01/22, and evo	ery 3 years after that for cases begun on or after the date of adjustment.		\$	0.00
30.		The monthly amount by which your actual food and clothing expenses are gallowances in the IRS National Standards. That amount cannot be more as in the IRS National Standards.			
		tional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.			
	You must show that the additional amount	claimed is reasonable and necessary.		\$	0.00
31.	<b>Continuing charitable contributions.</b> The instruments to a religious or charitable organization	e amount that you will continue to contribute in the form of cash or financial anization. 11 U.S.C. $\S$ 548(d)(3) and (4).	al		
	Do not include any amount more than 15%	of your gross monthly income.	_	\$	0.00
32.	Add all of the additional expense deduct Add lines 25 through 31.	tions.	\$	S	312.13
	-				
Ded	uctions for Debt Payment				
33. <b>I</b>	•	in property that you own, including home mortgages, vehicle s 33a through 33e.			
33. <b>I</b> I	For debts that are secured by an interest oans, and other secured debt, fill in lines	s 33a through 33e. nent, add all amounts that are contractually due to each secured			
33. <b>I</b>	For debts that are secured by an interest pans, and other secured debt, fill in lines or calculate the total average monthly paym	s 33a through 33e. nent, add all amounts that are contractually due to each secured			nonthly
33. <b>i</b>	For debts that are secured by an interest oans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home	s 33a through 33e.  nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	ра	erage n yment	nonthly
33. <b>i</b>	For debts that are secured by an interest bans, and other secured debt, fill in lines or calculate the total average monthly paymereditor in the 60 months after you file for band of the months after you file for band of th	s 33a through 33e. nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	ра		
33. <b>i</b> I	For debts that are secured by an interest oans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles	s 33a through 33e.  nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	ра		
33. <b>I</b> I	For debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for band of the months after you file for band of th	s 33a through 33e.  nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	ра		0.00
33. III	For debts that are secured by an interest oans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here	s 33a through 33e.  nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	ра		0.00
33. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest bans, and other secured debt, fill in lines of calculate the total average monthly paymereditor in the 60 months after you file for band of the months after you file for band of th	s 33a through 33e.  nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	ра		0.00
333. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest oans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts	s 33a through 33e.  nent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?	ра		0.00
333. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest coans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts e of each creditor for other secured debt	s 33a through 33e.  Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?  No	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.00
333. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest oans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts	s 33a through 33e.  Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	ра		0.00 0.00 0.00
333. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest coans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts e of each creditor for other secured debt	s 33a through 33e.  Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.  =>  Identify property that secures the debt  Does payment include taxes or insurance?  No	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00
333. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest boans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts e of each creditor for other secured debt  Marine1 Acpt	a 33a through 33e.  Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00
33. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest boans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts e of each creditor for other secured debt  Marine1 Acpt	a 33a through 33e.  Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00
33. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest boans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts e of each creditor for other secured debt  Marine1 Acpt	s 33a through 33e.  Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.    Solution	\$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00
33. I I I I I I I I I I I I I I I I I I	For debts that are secured by an interest boans, and other secured debt, fill in lines to calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts e of each creditor for other secured debt  Marine1 Acpt	s 33a through 33e.  Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.    Solution	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00

Debtor 1 Hom	ner Wayne May			Cas	e nu	ımber ( <i>if known</i> )			
	debts that you listed in line property necessary for you				€,				
■ No.	Go to line 35.								
	State any amount that you listed in line 33, to keep pos Next, divide by 60 and fill in	ssession of your property (							
Name of the	creditor	Identify property that secu	ures the debt		То	tal cure amount		Monthly c	ure
-NONE-				\$			÷ 60 = \$		
				Total	\$	0.00	Copy total here=	<b>,</b> \$	0.00
■ No.	due as of the filing date of Go to line 36. Fill in the total amount of all	of these priority claims. D	o not include						
	ongoing priority claims, suc	•			•	0.00	00	•	0.00
	Total amount of all past-du	ue priority claims			\$	0.00	÷ 60	\$	0.00
36. Projecte	d monthly Chapter 13 plan	payment			\$	765.48			
Office of the Exec To find a li	multiplier for your district as s the United States Courts (for utive Office for United States ist of district multipliers that inclu- nstructions for this form. This list	districts in Alabama and N Trustees (for all other dist des your district, go online usin	North Carolir tricts). ng the link spe	na) or by	X <sub>-</sub>	8.60			
Average	monthly administrative expense	nse				\$65.83	Copy total		65.83
	of the deductions for debt es 33e through 36.	payment.						\$	893.82
Total Deduc	ctions from Income								
38. Add all c	of the allowed deductions.								
	ne 24, All of the expenses all e allowances	owed under IRS	\$	5,799.91	l —				
Copy lin	ne 32, All of the additional ex	pense deductions	\$	312.13	3				
Copy lin	ne 37, All of the deductions fo	or debt payment	+\$	893.82	2	_			
Total de	eductions		\$	7,005.86	6	Copy total here=>		\$	7,005.86

ebtor 1	Homer Wa	ayne	way			Ca	ase ni	umber (if known)				
Part 2:	Determin	e You	ır Disposable Income Under 11 <b>U</b>	J.S.C. § 13	25(b)(	2)						
			rent monthly income from line 14				d.		\$			8,173.20
<b>ch</b> dis red	<b>ildren.</b> The resability payments	nonthi ents fo ordan	ly necessary income you receively average of any child support payor a dependent child, reported in Proce with applicable nonbankruptcy lended for such child.	ments, fos	ter ca n 1220	re payments, or C-1, that you		\$	0.00			
en in	nployer withh 11 U.S.C. § 5	eld fro 41(b)	etirement deductions. The month om wages as contributions for qual (7) plus all required repayments of . § 362(b)(19).	ified retirem	nent p	lans, as specifie	d	\$16	3.46			
42. <b>To</b>	tal of all ded	uctio	ns allowed under 11 U.S.C. § 70	7(b)(2)(A).	Сору	line 38 here	=>	\$	5.86			
ex the	penses and yeir expenses.	ou ha You r	al circumstances. If special circulate and reasonable alternative, described give your case trustee a deta ocumentation for the expenses.	cribe the sp	ecial	circumstances a	ınd					
Descr	ibe the spec	ial cir	rcumstances			Amount of exp	ens	se				
					\$							
					\$							
					\$							
								Сору				
				Total	\$	0.00		here=> \$		0.00		
									7			
44 To	stal adjustme	nte i	Add lines 40 through 43			=>	\$	7,169.32	Cop	oy e=> <b>-</b> \$		7,169.32
44. 10	rtai aujustiiit		naa iiiles 40 tiiloagii 43				Ψ-					7,100.02
45 <b>C</b> •	alculate veur	mon	thly disposable income under &	1225/b)/2)	Cubt	root line 11 from	lino	. 20		•	1	003.88
45. <b>G</b>	alculate your	IIIOII	thly disposable income under §	1323(D)(2).	Subi	ract line 44 from	ııne	39.		\$	١,	003.00
Part 3:	Change i	n Ince	ome or Expenses						·			
ait 3.	Change	i ince	one or Expenses									
rep yo be 12	ported in this ur bankruptcy low. For exar 2C-1 in the fi	form I petit ple, rst co	or expenses. If the income in Form have changed or are virtually certation and during the time your case of the wages reported increased afflumn, enter line 2 in the second con the increase occurred, and fill in the second content of the increase occurred.	in to chang will be oper ter you filed lumn, expla	e afte n, fill ir I your ain wh	r the date you filnthe information petition, check y the wages						
Form	Line		Reason for change			Date of chang	je	Increase or decrease?	Ar	mount of	change	
☐ 122								☐ Increase				
☐ 122								Decrease	\$			_
☐ 122 ☐ 122								☐ Increase☐ Decrease	\$			
☐ 122								☐ Increase		-		_
☐ 122								Decrease	\$			_
☐ 122 ☐ 122								☐ Increase☐ Decrease	\$			
<b>–</b> 122	.0-2							_ Decrease	Ψ			_

### 19-03646-KMS Dkt 4 Filed 10/11/19 Entered 10/11/19 16:30:42 Page 44 of 49

Debtor 1	Homer Wayne May	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the information	ation on this statement and in any attachments is true and correct.	
X	/s/ Homer Wayne May		
	Homer Wayne May Signature of Debtor 1		
Date	October 11, 2019		
	MM / DD / YYYY		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form

s.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of Mississippi

	South	Herii District of Mississi	phi		
In re	Homer Wayne May		Case N	o	
		Debtor(s)	Chapte	r	13
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR	DEB'	TOR(S)
(	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filiple rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	, or agreed to be p	aid to r	ne, for services rendered or to
	For legal services, I have agreed to accept		\$		3,600.00
	Prior to the filing of this statement I have received				1,637.00
	Balance Due				1,963.00
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are m	embers	s and associates of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspec	ts of the bankrupto	cy case	, including:
1	a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit	tement of affairs and plan which	h may be required	;	
(	d. [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho	ons as needed; preparation	emption planni and filing of m	ng; pro	eparation and filing of s pursuant to 11 USC
<b>5</b> . 1	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any di any other adversary proceeding.			nces,	relief from stay actions or
		CERTIFICATION			
	Concerning that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement fo	r payment to me fo	or repre	esentation of the debtor(s) in
0	ctober 11, 2019	/s/ Thomas C. Ro	ollins, Jr.		
$\overline{D}$	ate	Thomas C. Rollin	,		
		Signature of Attorn The Rollins Law			
		774 Avery Blvd N			
		Ridgeland, MS 3	9157		
		601-500-5533 Fa		6	
		trollins@therolli	nsfirm.com		
		Name of law firm			